

**Special points of interest:**

- Noteworthy Agreements
- Preparedness Announcement

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## XXV Border Governors Conference

The XXV United States-Mexico Border Governors Conference (BGC) was held on September 26<sup>th</sup> through the 28<sup>th</sup> in Puerto Peñasco, Sonora, Mexico. The BGC brought together the governors of Arizona, California, New Mexico, and Texas from the United States of America, and of Baja California, Coahuila, Chihuahua, Nuevo Leon, Sonora, and Tamaulipas from the United States of Mexico, to discuss issues of importance to the Border States and to develop recommendations to address the issues.

The BGC has met on an annual basis, alternating its meetings the U.S. and Mexico, since it was formed in 1981. It is comprised of the following 12 worktables; Agriculture, Border Crossings, Economic Development, Education, Energy, Environment, Health, Science and Technology, Security, Tourism, Water, and Wildlife.

The Health Worktable is comprised the state health officers from each of the ten Border States and one additional delegate from each state for a total of twenty delegates. Following the XXIV BGC which was held in Austin, Texas, Susan Gerard, Director of the Arizona Department of Health Services and Dr. Raymundo Lopez Vucovich, Secretary of Health of the State of Sonora, were selected as the co-chairs of the Health Worktable.

In preparation for the XXV BGC, Health Worktable delegates met Binational twice during the year, the first meeting being in El Paso, Texas in December of 2006, and the second meeting being in South Padre Island, Texas in May of 2007. Delegates developed and agreed upon the following recommendations which were presented at the BGC in Puerto Peñasco, Sonora.

- To approve and adopt the Guidelines for US-Mexico Coordination on Epidemiological Events of Mutual Interest, which have been developed with input from U.S. and Mexican state health agencies, the Mexican Federal Health Secretariat, and the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention. Included in the guidelines are provisions to facilitate the cross-border transfer of specimens, reagents, equipment and medications related to improving binational laboratory capacity, epidemiological surveillance, and effective responses to public health emergencies that threaten border populations in both countries, including Pandemic Influenza.

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## Binational Council (COBINAS)

Binational Councils (COBINAS) provide an opportunity for health and welfare professionals within bi-national urban or rural settings to collaborate and share information that aids in creating cohesive outreach, treatment, and management within the binational community in which they live and work. Through the COBINAS health professionals are able to share pertinent health information and needs and initiate vital relationships with their cross-border counterparts.

## Increase Scorpion Stings in Nogales

The Epidemiology Subcommittee for the Nogales – Santa Cruz Binational Health Council (COBINAS), on their June 2007 meeting discussed the presence of scorpions in the area and the increasing number of envenomations due to scorpion stings in Nogales Sonora children. Hospital General and the local IMSS hospital reported seeing between 16 and 22 cases of scorpion stings per day, primarily in children. Because of the apparent increase in toxicity, as some of the envenomations resulted in death, local physicians hypothesized a possible mutation in any one of the scorpions indigenous to the area; *Centruroides sculpturatus* (also known as *C. exilicauda*), and *C. pallidiceps*.

Sonoran physicians had sent scorpion samples to the Sonora State Laboratory for testing toxicity, and members of the Epidemiology Subcommittee, Drs. Esther Solis and Aureliano Guerrero requested the assistance of the Arizona members in determining whether the implicated scorpion was indeed a mutation or not.

Dr. Dawn Gouge, an entomologist with the University of Arizona agreed to identify the specimen and after careful investigation, determined the scorpion to be *Centruroides elegans*, a scorpion whose range includes portions of central Mexico; Jalisco, Nayarit, Michoacan, Colima, Guerrero, and Oaxaca. Dr. Gouge remained cautious; however, in concluding that *C. elegans* has been imported into the area or is expanding its range based on a single sample, although concedes that there are no reliable reports of *C. elegans* in the region and offered to ID more specimens if they become available. Subcommittee members agreed to obtain more specimens for shipment to Dr. Gouge.

In México, although there are over 200 species of scorpions, only the venom of the genus *Centruroides* is neurotoxic enough to cause severe reactions or death. According to Richard C. Dart in *Medical Toxicology* (2004), *Centruroides* envenomation produces a pattern of neurotoxicity that ranges from mild, most commonly in adults, consisting mainly of local pain to severe, most commonly in small children, and which may involve neuromotor hyperactivity, pulmonary edema and ventilatory compromise, occasionally resulting in death.

Sonora reported at the September meeting that the number of envenomations has declined to 5 to 8 cases per day per hospital after the end of the monsoon season.

For more information:

[http://www.emedicinehealth.com/wilderness\\_scorpion\\_sting/article\\_em.htm](http://www.emedicinehealth.com/wilderness_scorpion_sting/article_em.htm)

<http://www.domyownpestcontrol.com/how-to-control-scorpions-a-78.html>

## Arizona Department of Health Services

### Newborn Screening—Saving Lives and Improving Quality of Life

Arizona screens newborns shortly after birth for 28 rare, inherited disorders whose early identification and treatment will improve a baby's development. In October of this year, Arizona will add Cystic Fibrosis to complete the nationally recommended panel of 29 disorders, including hearing loss. As a result of our expanded disorder panel, the March of Dimes awarded Arizona as being among the best States in the country in offering comprehensive newborn screening. Approximately 300 babies born in Arizona each year have one of the screened disorders, hearing loss being the most common. Arizona provides follow-up services to 100% of infants who had screen results suggestive of target diseases. All 49 birthing hospitals voluntarily perform newborn hearing screening. Hearing screening loss to follow up at one month of age was reduced 20%. Arizona recently launched a new website for parents, healthcare providers, and the general public at [www.AZnewborn.com](http://www.AZnewborn.com). Easy to find. Easy to use.



#### Blood Specimens

Two newborn blood spot specimens should be performed on every baby born in Arizona. The first is done between 1 and 3 days of age or before a transfusion or before discharge from the birth facility (whichever occurs first). Experience indicates the first specimen should preferably be collected right after the baby is 24 hours old. The second is done between 5 and 10 days or at the baby's first visit to the primary healthcare provider. All specimens should be sent to the Arizona Department of Health Services Laboratory within 24 hours of collection. Results are sent to the healthcare provider who ordered the specimen. Abnormal results are called and faxed to the baby's current healthcare provider so timely care can be delivered. Follow-up tests may be needed. The cost of the first blood specimen is \$30 and \$40 for the second.

#### Hearing Screening

Arizona follows the 1-3-6 model for hearing screening. All babies should have hearing screening within the first month of age. It is important for babies who do not pass the hearing screen after birth to have diagnostic testing done by 3 months of age and, if there is confirmed hearing loss, early intervention by 6 months of age.

Call the Office of Newborn Screening for results or to verify your patient was screened by both the blood specimens and for hearing loss. 602-364-1409 or 800-548-838

#### **Future Newsletters**

To have your community events included in the Office of Border Health quarterly newsletter, send us the information, date of the event, and contact information. We would be delighted to either include the information in the newsletter or post it on our web page. Is there a community member,

artist, or provider that you think should be recognized? Or perhaps a outstanding Neighborhood Association? Let us know and we will highlight those groups or individuals in an upcoming newsletter.

## Border Lead Initiative Lead In Pottery Campaign Flyers

# Do You Cook with Traditional Pottery? It May Contain Lead!



**Lead is dangerous for everyone,  
especially for children under  
6 years of age.**

- Lead is in some traditional pottery.
- Lead can cause serious health problems.
- If you use traditional pottery:
  - Test it for lead. You can buy lead test kits at hardware stores.
  - If it has lead or you don't know, do not use it for cooking, serving or storing food and drinks. Use it only for decoration.
- A child with lead poisoning may not look or act sick. Ask your doctor to test your child for lead.



To find out more, contact:

**Arizona Department of Health Services**  
**1-800-367-6412**

# ¿Está Cocinando Con Vajillas de Barro? ¡Estas Pueden Contener Plomo!



**El plomo es peligroso para todos, sobre todo para niños menores de 6 años.**

- El plomo se encuentra en algunas vajillas de barro.
- El plomo puede causar serios problemas de salud.
- Si usa vajillas de barro:
  - Haga la prueba para ver si contienen plomo. Puede comprar las pruebas en las ferreterías.
  - Si contienen plomo o si no se sabe, no las use para cocinar, servir, o guardar alimentos y bebidas. Uselas sólo para decoración.
- Un niño envenenado con plomo puede no parecer enfermo. Pídale a su médico que le haga la prueba del plomo.



Para más información llame al:

**El Departamento de Salud de Arizona  
1-800-367-6412**



## Nuestros Niños

The Regional Center for Border Health, Inc. has conducted a census campaign in the cities of San Luis, Somerton, and Yuma, Arizona for the past nine years which focuses on identifying uninsured children needing immunizations, pregnant women with no prenatal care and other community health issues. The "Nuestros Niños" Campaign is based upon a census system used in Mexico utilizing the AGEB as the primary census area. Promotores target specific neighborhoods on a daily basis and try to contact as many households as possible. This outreach effort is done in the summer for several reasons such as:



- Students from a local job training program can be included and learn of the medical needs and career opportunities in their community
  - More families and their children are home during the summer while Yuma area schools are closed;
  - Children are identified and able to receive immunizations at the RCBH, Inc. "Nuestros Niños" immunization campaign prior to the new school year
  -
- Regional Center for Border Health, Inc. has incorporated the use of the community outreach worker/promotoras during this campaign as effective means of overcoming barriers to accessing health care including language, fear of authority, illiteracy, lack of education and cultural differences. By training promotoras who are members of the community, RCBH, Inc. has been able to recognize and begin to address the need of quality healthcare for the underserved populations of

south Yuma County. The "Nuestros Niños" Campaign visited 1,205 homes in Somerton, Arizona and reached 109 families. RCBH Promotores identified 199 children and 209 adults who were uninsured and assisted these individuals with the enrollment process into the KidsCare and AHCCCS Programs. With the collaborations of various organizations, Immunization Campaigns took place in the cities of San Luis, Somerton and Yuma.



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Address Label



*Leadership for a Healthy  
Arizona*

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## Border Governors Continued . . .



- To address the binational problem of increasing numbers of tuberculosis cases along the border, including drug-resistant tuberculosis, by increasing financial resources to the U.S.-Mexico border region for tuberculosis control activities.
- Support and strengthen the initiative for the creation of an Epidemiology and Public Health Emergency Intelligence Unit that would serve as a monitoring center to provide Binational early warning alerts in the event of public health risks or dangers. During the first phase the unit would serve the northern Border States of Mexico and in later phases, based on agreements and defined protocols, could be used to incorporate epidemiological surveillance for the ten states of the U.S.-Mexico Border.
- To support and strengthen the Development and Implementation of Tele Public Health (Telemedicine) technology, as a means with great potential to standardize the current health services and available human resource capabilities available in the U.S.-Mexico border states.